



# Declaration for Nomination and Oath of Candidacy

RECEIVED  
JUN 17 2021

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council #3 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Sue Dickenson

Mailing Address 620 - Riverview Dr. E. City and State Great Falls, MT Zip Code 59404

Residence Address same as above City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence Cascade Contact Phone 453-5274 Email Address Suedickenson6845@yahoo.com Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Sue Dickenson  
Signature of Candidate

6/17/21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade  
County of \_\_\_\_\_  
Signed and sworn to before me this 17th day of June, 2021 by Sue Dickenson  
Printed Name of Candidate

Bonnie Fogerty  
Signature of Notary or Public Official

Printed Name of Notary Public

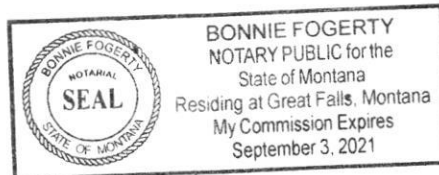
Notary Public for the State of Montana

Residing at: Great Falls MT

My commission expires: Sept 3, 2021

**Where to file Federal, Statewide,  
State District and Legislative offices:**  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](https://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

**Where to file County, City and most  
Local District offices:**  
County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](https://sosmt.gov/elections)



[SEAL/STAMP]



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Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for  
office of: Neighborhood Council District 3 ☐ \_\_\_\_\_ ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Kathleen Gessaman

Mailing Address: 1006 36th Ave NE Great Falls 59404  
Street or PO Box City Zip

Residence Address: 1006 36th Ave NE Great Falls 59404  
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 406-452-7106 Work Phone: 452-7106

Email Address: rkkgmt@gmail.com Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Kathleen Gessaman  
Signature of Candidate

May 3, 2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade  
County of 3rd

Signed and sworn to before me this May day of 2021 by Kathleen Gessaman  
Printed Name of Candidate

Bonnie Fogerty  
Signature of Notary or Public Official

Bonnie Fogerty  
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls, MT

My commission expires: Sept 3, 2021

Where to file for Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801

Helena, MT 59620-2801

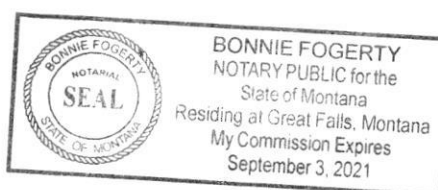
Online: [sos.mt.gov](http://sos.mt.gov)

By Fax: 406-444-2023

Where to file for County, City and  
most Local District offices:

County Election Office

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Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Great Falls Neighborhood Council 3

Full name of office including district and/or department numbers if applicable



Name of Political Party



Nonpartisan

Candidate Name (printed exactly as it should appear on the ballot): Eric Peterson

Mailing Address: 932 Avenue D N.W.

Street or PO Box

Great Falls

City

59404

Zip

Residence Address: 932 Avenue D N.W.

Street

Great Falls

City

Montana

Zip

County of Residence: Cascade

Home/Mobile Phone: 406-454-8913

Work Phone: \_\_\_\_\_

Email Address: NC3.eric.peterson@gmail.com

Website Address: \_\_\_\_\_

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Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Eric Peterson  
Signature of Candidate

4 May 2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 4 day of May, 20 21 by Eric Peterson

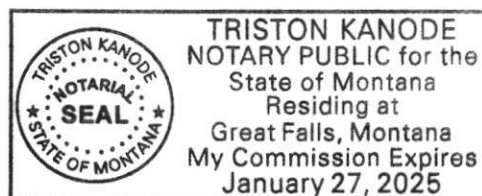
Printed Name of Candidate

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PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](http://sos.mt.gov)  
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be found at: [sos.mt.gov/elections](http://sos.mt.gov/elections)



Triston Kanode  
Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_